



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE
COVER PAGE

FILED

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FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 3/4/08 To: 4/25/08

1. Committee I.D. Number

138023

2. Committee Name

Protect Our Future Macomb

4. Committee's Mailing Address

18905 England Dr.

Macomb, MI 48042

Area Code and Phone (586) 203-8633

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Melissa Hlavin

18905 England Dr. Macomb, MI 48042

Area Code and Phone (586) 203-8633

6. Treasurer's Business Address

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:

8a. ☒ PRE-ELECTION

OR

8b. ☐ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ SCHOOL

☐ SPECIAL

Date of Election:

May 16, 2008

8c. ☐ ANNUAL STATEMENT
(____ Coverage Year)

8d. ☐ QUALIFICATION
OR

☐ NON-QUALIFICATION
STATEMENT (Required of
State-wide Ballot Question
Committees Only)

Date of Qualification or Non-
Qualification:

8e. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I certify that the
committee has no assets or outstanding debts,
including late filing fees. Note: The disposition
of residual funds must be reported on Schedule
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Melissa Hlavin

Type or Print Name

Melissa Hlavin

Signature

Date

4-25-08



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number

138023

2. Committee Name

Protect Our Future Michigan

RECEIPTS

3. Contributions

a. Itemized Contributions (Schedule 4A, Column 6)

(3a.) \$ 1472.05

b. Unitemized Contributions

(less than \$20.01 - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of Contributions

(3c.) \$ 1472.05

(18.) \$ _____

4. Other Receipts (Schedule 4A-1, Column 6)

(4.) \$ —

(19.) \$ _____

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS

(Add Line 3 c + Line 4)

(5.) \$ 1472.05

(20.) \$ _____

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions

a. Itemized In-Kind Contributions

(Schedule 4-1K, Column 7)

(6a.) \$ —

b. Unitemized (less than \$20.01 each - no Schedule)

(6b.) \$ NOT APPLICABLE

7. TOTAL IN-KIND CONTRIBUTIONS

(Add Line 6a + Line 6b)

(7.) \$ —

(21.) \$ _____

EXPENDITURES

8. Expenditures

a. Itemized Direct Expenditures (Schedule 4B, Column 7)

(8a.) \$ 907.55

b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)

(8b.) \$ —

c. In-Kind Expenditures - Purchase of Goods or Services
(Schedule 4B-2, Column 7)

(8c.) \$ —

d. Unitemized Expenditures (\$50.00 or less-no Schedule)

(8d.) \$ —

e. Subtotal of Expenditures

(8e.) \$ 907.55

(22.) \$ _____

9. Independent Expenditures (Schedule 4B-1, Column 7)

(9.) \$ —

(23.) \$ _____

10. TOTAL EXPENDITURES (Add Line 8e + Line 9)

(10.) \$ 907.55

(24.) \$ _____

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or
Loans of Goods or Services (Schedule 4B-2, Column 8)

(11.) \$ —

(25.) \$ _____

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 4E)

(12a.) \$ —

b. Owed to the Committee (Schedule 4E)

(12b.) \$ —

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ —

14. Amount received during reporting period
(Line 5, Column I, Total Contributions & Other Receipts)

(14.) + 1472.05

15. SUBTOTAL Add lines 13 and 14

(15.) = 1472.05

16. Amount expended during reporting period
(Line 10, Column I, Total Expenditures)

(16.) - 907.55

17. ENDING BALANCE
(Subtract line 16 from line 15)

(17.) \$ 564.50



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 Name & Address: <u>Desaele, Philis</u> <u>42430 Utica Rd.</u> <u>Steeling Hgts, MI 48314</u></p> <p>4. Date of Receipt <u>3-4-08</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>20⁰⁰</u>	
<p>3. Contribution # 2 Name & Address: <u>Rengeet, Keith</u> <u>34080 Oemada Rd.</u> <u>Richmond, MI 48062</u></p> <p>4. Date of Receipt <u>3-4-08</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100⁰⁰</u>	
<p>3. Contribution # 3 Name & Address: <u>Rengeet, Keith</u> <u>34080 Oemada Rd.</u> <u>Richmond, MI 48062</u></p> <p>4. Date of Receipt <u>3-7-08</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>County Commissioner</u> Employer <u>County of Macomb</u></p> <p>Business Address <u>341 South main St. Mt. Clemens, MI</u></p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>100⁰⁰</u>	\$ <u>200⁰⁰</u>
<p>3. Contribution # 4 Name & Address: <u>Desaele, Philis</u> <u>42430 Utica Rd</u> <u>Steeling Hgts, MI 48314</u></p> <p>4. Date of Receipt <u>3-15-08</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>County</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>25⁰⁰</u>	\$ <u>45⁰⁰</u>

Page Subtotal

250⁰⁰

Grand Total of All Schedules 4A
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Sessa, Michael P. 39524 Chaet St. Harrison Twp, MI 48045	4. Date of Receipt <u>3-15-08</u>	\$ <u>25⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: Kreeger, Ralph 14156 Glenwood Dr. Shelby Twp, MI 48315	4. Date of Receipt <u>3-15-08</u>	\$ <u>25⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Neveles, Nancy 49099 Lehe. Dr. Macomb, MI 48044	4. Date of Receipt <u>3-15-08</u>	\$ <u>25⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Vosburg, Duane W. 47395 Sugarbush Chesterfield MI 48047	4. Date of Receipt <u>3-15-08</u>	\$ <u>50⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

125⁰⁰

Enter this total
on line 3a of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name Protect Our Future Macomb

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1 Name & Address: <u>Wozniak, Douglas C.</u> <u>53831 Whitby Way</u> <u>Shelby Twp, MI 48316</u>	4. Date of Receipt <u>3-15-08</u>	6. Amount \$ <u>25⁰⁰</u> \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

[Click Here for Memo Itemization](#)

3. Contribution # 2 Name & Address: <u>LaKouche, G. J.</u> <u>37461 Clubhouse Dr.</u> <u>Steeling Hgts, MI 48312</u>	4. Date of Receipt <u>3-15-08</u>	6. Amount \$ <u>25⁰⁰</u> \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

[Click Here for Memo Itemization](#)

3. Contribution # 3 Name & Address: <u>Maynard, Saeed</u> <u>45128 Utica Green East</u> <u>Shelby Twp, MI 48317</u>	4. Date of Receipt <u>3-15-08</u>	6. Amount \$ <u>25⁰⁰</u> \$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

[Click Here for Memo Itemization](#)

3. Contribution # 4 Name & Address: <u>Szczepowski, Ed</u> <u>4057 Bradford</u> <u>Shelby Twp, MI 48317</u>	4. Date of Receipt <u>3-15-08</u>	6. Amount \$ <u>320⁰⁰</u> \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>County commissioner</u> Employer <u>County of Macomb</u> Business Address <u>One South main. Mt. Clemens MI</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

[Click Here for Memo Itemization](#)

Page Subtotal

395⁰⁰

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name Protect Our Future Maumeb

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt

3-15-08

Name & Address:

Havin, Jeff
13543 Windeidge Cr.
Sterling Hgts, MI 48313

\$ 100⁰⁰ \$

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

4. Date of Receipt

3-15-08

Name & Address:

Tollis, Daniel
43370 Devin
Clinton Twp, MI 48038

\$ 30⁰⁰ \$

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3

4. Date of Receipt

3-15-08

Name & Address:

Committee to Elect Keith Sadowski
4759 Hayman
Warren, MI 48092

\$ 25⁰⁰ \$

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

4. Date of Receipt

3-15-08

Name & Address:

Vitale, Peocopio
38042 N. Bonkay Dr.
Clinton Twp, MI 48036

\$ 100⁰⁰ \$

[Click Here for Memo Itemization](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

255

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

Enter this total
on line 3a of
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name Protect Our Future Marquette

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Vosburg, Kathy D.</u> <u>47395 Sugarbush Rd.</u> <u>Chippewhatch, MI 48047</u>	4. Date of Receipt <u>3-4-08</u>	\$ <u>20⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 2 Name & Address: <u>Bergeet, Keith</u> <u>34080 Aemada Rd.</u> <u>Richmond, MI 48062</u>	4. Date of Receipt <u>3-27-08</u>	\$ <u>100⁰⁰</u>	\$ <u>300⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>Tax Fighter PAC</u> <u>27765 Molan St.</u> <u>Harrison Twp, MI 48045</u>	4. Date of Receipt <u>3-27-08</u>	\$ <u>127.05</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Babin, Ronald</u> <u>3511 Robin Dr.</u> <u>Steeling Hgts, MI 48310</u>	4. Date of Receipt <u>4-8-08</u>	\$ <u>50⁰⁰</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

297.05

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. Contribution # 1
Name & Address: Kummer, F.
37328 Dundee Dr
Steele Hgts MI 48310
4. Date of Receipt 4-8-08
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser
6. Amount \$ 50⁰⁰ \$ _____
Click Here for Memo Itemization

3. Contribution # 2
Name & Address: Szczepowski, Ed
4057 Beadford
Shelby Twp. MI 48317
4. Date of Receipt 4-15-08
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser
6. Amount \$ 100⁰⁰ \$ _____
Click Here for Memo Itemization

3. Contribution # 3
Name & Address: _____
4. Date of Receipt _____
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser
6. Amount \$ _____ \$ _____
Click Here for Memo Itemization

3. Contribution # 4
Name & Address: _____
4. Date of Receipt _____
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser
6. Amount \$ _____ \$ _____
Click Here for Memo Itemization

Page Subtotal

Grand Total of All Schedules 4A
(Complete on last page of Schedule)

150⁰⁰
1472.05

Enter this total
on line 3a of
Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS
SCHEDULE 4A-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name Protect Our Future Macomb

3. Name & Address From Whom Received Receipt	4. Date of	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: <u>Macomb County Clerk</u> <u>401. Main St.</u> <u>Mt. Clemens, MI 48043</u>	Date of Receipt <u>2/26/08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ <u>4.55</u> Click Here for Memo Itemization Type
Receipt #2 Name & Address: <u>Datagen</u> <u>4940 Campus Dr #B</u> <u>Newport Beach, CA 92660</u>	Date of Receipt <u>4/2/08</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ <u>550.00</u> Click Here for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund/Rebate <input type="checkbox"/> Fund Raiser <input type="checkbox"/> Other (Specify) _____	\$ _____ Click Here for Memo Itemization Type
Page Subtotal			<u>554.55</u>
Grand Total of All Schedules 4A -1 (Complete on last page of Schedule)			<u>554.55</u>

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED INDEPENDENT EXPENDITURES
SCHEDULE 4B-1
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name Protect Our Future Macomb

Complete this form to report Independent Expenditures made for or against a ballot issue. Do not use this schedule to report direct expenditures to Ballot Question Committees, or the provision of in-kind goods or services to Ballot Question Committees.

3. Name and address of person or vendor paid	4. Purpose (Describe specific purpose.)	6. Date	7. Amount	8. Cumulative for Election
<p>Expenditure #1 Name & Address: <u>Data Gen</u> <u>4940 Campus Dr. #8</u> <u>Newport Beach, CA 92660</u></p>				
<p>4. Purpose: <u>Vote data</u></p>				
<p>5. <u>Macomb County Charter</u> Ballot Proposal <u>4/22/08</u> \$ <u>550⁰⁰</u></p>				
<p>County <u>Macomb</u> Date of Expenditure</p>				
<p><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Click Here for Memo Itemization</p>				
<p><input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local</p>				
<p><input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>				
<p>Expenditure #2 Name & Address: <u>M+B Graphics</u> <u>67353 S. main St.</u> <u>Richmond, MI 48062</u></p>				
<p>4. Purpose: <u>information cards</u></p>				
<p>5. <u>Macomb County Charter</u> Ballot Proposal <u>2/25/08</u> \$ <u>53⁰⁰</u></p>				
<p>County <u>Macomb</u> Date of Expenditure</p>				
<p><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Click Here for Memo Itemization</p>				
<p><input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local</p>				
<p><input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>				
<p>Expenditure #3 Name & Address: <u>Macomb County Clerk</u> <u>40 North Main St.</u> <u>mt. Clemens, MI 48043</u></p>				
<p>4. Purpose: <u>Vote list</u></p>				
<p>5. <u>Macomb County Charter</u> Ballot Proposal <u>2/26/08</u> \$ <u>4.55</u></p>				
<p>County <u>Macomb</u> Date of Expenditure</p>				
<p><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Click Here for Memo Itemization</p>				
<p><input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local</p>				
<p><input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>				
<p>Expenditure #4 Name & Address: <u>Hamlin Pub</u> <u>48929 Hayes Rd.</u> <u>Shelby Twp, MI 48315</u></p>				
<p>4. Purpose: <u>fundraiser</u></p>				
<p>5. <u>Macomb County Charter</u> Ballot Proposal <u>3/15/08</u> \$ <u>300⁰⁰</u></p>				
<p>County <u>Macomb</u> Date of Expenditure</p>				
<p><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Click Here for Memo Itemization</p>				
<p><input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local</p>				
<p><input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement</p>				

Subtotal this page

600.35

907.55

Grand Total of all Schedules 4B-1
(Complete on last page of Schedule

907.55

Enter total on
line 9 of
Summary Pg.